



NEW HAMPSHIRE EMPLOYMENT SECURITY CONTINUED CLAIM FORM



**BRING COMPLETED FORM TO YOUR NH LOCAL OFFICE OR MAIL COMPLETED FORM TO:
NHES BAU 45 SOUTH FRUIT STREET, CONCORD NH 03301-4857**

☐ Check (✓) if this is a new mailing address

Name _____

Address _____

City _____ State _____ ZIP _____

SS#

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FOR THE CALENDAR WEEK ENDING ON SATURDAY: _____ / _____ / _____

(Check One ✓)

YES NO

1. Were you *available* for work? (*Being available for work means you could start new work or, if on temporary layoff, could return to work for your employer if/when asked.*)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

2. Were you physically and mentally *able* to work?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

3. a. Did you refuse work or a referral to work?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

b. Did you quit employment?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

c. Were you discharged (fired) from employment?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

4. Did you receive, or will you receive, holiday pay for a holiday that occurred during the week claimed?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

a. If YES, please provide the total gross amount of the holiday pay. (*If you do not know your gross amount of holiday pay, leave blank, but your claim will not be paid until this department receives this information.*)

\$

5. Did you work or perform any services, including self-employment, during the week claimed, regardless of whether or not you have yet been paid for the work or services?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

a. If YES, provide the number of hours worked.

hrs

b. Provide your gross earnings (before taxes and deductions) for the week claimed. (*If you do not know your gross earnings, leave blank, but your claim will not be paid until you provide this information to this department.*)

\$

c. Does the earnings amount you provided include the earnings from all employers you worked for during the week claimed? (*If you have not provided all earnings from all employers you worked for this week, your claim will not be paid until this department receives all information.*)

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

6. During the week claimed, did you receive any monies not previously reported to this department, other than wages for hours actually worked?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

CERTIFICATION: *I understand the answers I give to the above questions may affect my rights to benefit payments. I certify that these statements are true and correct, and I am not claiming any benefits from any other unemployment program for the above week. I understand the law provides penalties for false statements.*

Claimant Signature*

Date

Telephone Number

***Your claim cannot be processed without your signature. Mail the completed form to the address above.**